| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | A.S.L.C. | | 06-29-01 |
| O.I.P.E. CLASSIFIER | | WKW | 7/13/01 |
| FORMALITY REVIEW | CK | 1109 | 8-15-01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

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| = | .............................. Allowed | | I | ................................ Interference |
| — | (Through numeral)... Canceled | | A | ................................ Appeal |
| ÷ | .............................. Restricted | | 0 | ................................ Objected |

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| Claim (Final / Original) | Date | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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